



King County
Department of Development
and Environmental Services
 900 Oakesdale Avenue Southwest
 Renton, WA 98057-5212

206-296-6600 TTY 206-296-7217

Web date: 03/19/2008

UNINCORPORATED KING COUNTY Charitable Solicitation Application

For alternate formats, call 206-296-6600.

Application for businesses in **unincorporated** King County only

Application for Charitable Solicitation Permit

FEES: \$40/year
 \$1,000/year (where professional fund-raising organizations
 or promoters are used)
 (Send or bring application and fee to DDES at the address above.
 Make checks payable to King County Office of Finance.)

Charitable Organization: ☐ **Promoter:** ☐

Check one: ☐ New ☐ Renewal

Office Use Only

Fee \$ _____ ☐ check ☐ cash

Date received _____

Receipt # _____

DBA # _____

Expiration _____

1. Organization/Promoter name _____
 Phone _____
 Local address _____
2. List principal officers and managers:

Name: First	Middle	Last	Date of Birth
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Address	City	State/ZIP
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Name: First	Middle	Last	Date of Birth
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Address	City	State/ZIP
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Name: First	Middle	Last	Date of Birth
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Address	City	State/ZIP
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Name: First	Middle	Last	Date of Birth
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Address	City	State/ZIP
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3. **For new applicants only: Attach Internal Revenue Code exemption per Section 501 (c) (3).**

4. State purpose of solicitation:

5. Total amount of funds proposed to be raised by solicitations: \$ _____

6. Use or disposition to be made of receipts:

7. Person(s) in direct charge of conducting solicitation:

Name	Address	Date of Birth
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Name	Address	Date of Birth
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8. Person by whom the receipts of solicitation will be disbursed: _____

9. Outline method(s) used in conducting solicitation: _____

10. Location(s) of any telephone solicitation headquarters: _____

11. Date Solicitation begins and ends: From _____ to _____

12. If solicitation by means of coin or currency boxes or receptacles, attach list of locations for each such box and/or receptacle.

13. State the amount of any wages, fees, commission, salaries, expenses to be paid to any person in connection with solicitation. Include the names and addresses of all such persons:

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14. Provide an itemization of the estimated cost of the solicitation.

15. Will the cost of solicitation for direct gifts exceed 20% of the total gross amount raised, or for sale and benefit affairs, exceed 55% of the total gross amount raised, and in both types of solicitation, will all wages, fees, commissions, salaries and emoluments to be paid to all salespeople, solicitors, collectors, customers and managers exceed 20% of the total gross amount to be raised? _____

16. What charitable work is now being done in King County?

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17. List any convictions of applicant, principal, principal officers and/or managers:

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STATE OF WASHINGTON)
) SS
COUNTY OF KING)

_____, being first duly sworn upon oath, I am the above named applicant, and make this affidavit for the purpose of obtaining from King County a **CHARITABLE SOLICITATION PERMIT** in accordance with the provisions of King County Ordinance No. 1603. I have personal knowledge of the matter stated in the foregoing application and the statements contained therein are true. The provisions of King County Ordinance No. 1603 have been read and understood by the undersigned and principal officers of the applicant. Further, it is understood that a permit, if granted, will not be used or represented as an endorsement by King County or by any department or officer thereof, of solicitations made thereunder.

Signature of applicant

Subscribed and sworn to before me on _____ by _____

Signature, Notary Public in and for the State of Washington

My appointment expires: _____

King County
CHARITABLE SOLICITATION
FISCAL YEAR FINANCIAL STATEMENT

Section 4 (j) of Ordinance No. **1603** requires this financial statement for the last preceding fiscal year to be filed with each application for a Charitable Solicitation Permit. You may submit your year-end financial statement if you wish, as well.

Name of Applicant _____

1. Total amount raised for charitable purposes \$ _____

2. Cost of solicitation \$ _____

3. Net Income \$ _____

4. Final distribution of balance

_____ \$ _____

_____ \$ _____

_____ \$ _____

_____ \$ _____

_____ \$ _____

_____ \$ _____

_____ \$ _____

_____ \$ _____

5. Total amount of beneficiaries _____

The undersigned certifies the foregoing to be true and correct.

Signature _____

Title _____

Phone Number _____

Dated this _____ day of _____, 20 _____

Check out the DDES Web site at www.kingcounty.gov/permits